

Children and their families should have access to physical and behavioral health services to meet their individualized needs.

– Organizational principle, Voices for Children of Greater Cleveland

“Juvenile Justice” is often referred to as a single structure. In fact, the juvenile justice system is a collective system of intervention and oversight. It combines – juvenile court, detention, treatment, corrections and community-based support services – all responsible for providing for “the care, protection, and mental and physical development” of children accused of and/or adjudicated for committing status (i.e. runaway, truancy, curfew) or criminal offenses. It is founded on the principle that children and adolescents are fundamentally different from adults: they are developmentally, socially, emotionally and cognitively less mature and therefore require special protections and rehabilitation.¹

Juvenile justice is “youth development” at its core because it seeks to discourage harmful behaviors by nurturing a foundation for growth which enables each child to build competent decision-making and problem-solving abilities, learn new skills, develop productive interests, take responsibility for actions, and find valuable ways to contribute to society.²

Children and youth with mental illness and youth of color are overrepresented in the juvenile justice system. According to studies, including data provided by the National Mental Health Association:

- The prevalence of mental disorders among youth in juvenile justice facilities ranges from 50% to 75% (compared to 20% of children and youth in the general population).³
- At least one quarter to one third of confined youth have an Anxiety Disorder and other clinical interviews with youth found rates of mood disorder as high as 78% – up to 19% of youth who may be suicidal.⁴
- At least half of incarcerated youths with mental health disorders have co-occurring substance abuse disorders;



nearly two-thirds of incarcerated youth with substance use disorders have at least one other mental health disorder:

- A 2004 study found that 65% of their sample of juvenile-justice involved youth were comorbid and that proportionally, females had significantly higher levels of comorbidity (90%) than males (60%).⁵
- Girls in the juvenile justice system are shown to have higher rates of mental health disorders than their male counterparts; with higher rates of depression and Post Traumatic Stress Disorder (PTSD). Girls are also more likely than boys to be detained for status offenses, technical violations and warrants for things like running away, and are more likely to be re-detained without committing new offenses.⁶
- Many youths were previously involved in the child welfare system and have a history of trauma. A recent study found that 62% of the youth reported serious past victimization.⁷
- Black youths (particularly males) are more likely to be referred to the juvenile justice system than a treatment system and are less likely to have previously received mental health services than white youths in the juvenile justice system.⁸



- Nationally, minority children make up one-third of the youth population, but two-thirds of the children in long-term facilities. Studies indicate that minority youths receive tougher sentences and are more likely to be put in jail than non-minority youths for the same types of offenses.⁹

As the “school-to-prison-pipeline” research demonstrates, too many youth enter the juvenile justice system as a result of misguided “zero-tolerance” school disciplinary practices and inadequate special education support services.¹⁰ The number of students suspended annually from school has nearly doubled from 1.7 million in 1974 to 3.1 million.¹¹ Increasingly, school code violations are being referred to the juvenile court system, rather than being addressed internally. An estimated 70 percent of the juvenile justice population suffer from learning disabilities and 33 percent read below the fourth-grade level.¹²

Delinquency services are organized at the state and local level in Ohio. The Ohio Department of Youth Services (DYS) operates eight (8) juvenile

correctional facilities and administers six (6) regional parole offices. In 2004, there were 2,159 commitments to DYS facilities alone, with an average daily population of 1,778. **Although the majority of Ohio’s incarcerated youth are confined for nonviolent (such as drug and property) offenses, the state spends approximately \$184 per day to lock up a youth in a DYS facility.** The average length of stay for a youth in DYS is 10.4 months. In addition, there are 12 DYS-funded, county-operated secure community correctional facilities (CCF), 18 county rehabilitation centers and 40 detention centers for temporary placement of youth.¹³

RECLAIM (Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors) is an inventive funding formula in Ohio. It was created by the legislature in 1993 to institute fiscal incentives for using community-based programs as an alternative to state correctional care. In part as a result of RECLAIM, Ohio supports some of the most innovative, evidenced-based alternative care models for young people in the juvenile justice system, such as Multi-Systemic Therapy (MST), Functional Family Therapy (FFT) and Multidimensional Treatment Foster Care (MTFC). The total DYS budget in 2004, including RECLAIM, was \$274.3 million.¹⁴

While the U.S. Constitution provides essential due process and other legal protections to children, there are several state and federal laws guiding the juvenile justice system. The legal framework for the Ohio’s juvenile court system is provided for in the Ohio Revised Code and Rules of Juvenile Procedure.¹⁵ Ten of Ohio’s 88 counties have separate juvenile

court divisions and the remaining counties combine juvenile court with domestic or probate court.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is the federal office responsible for implementing the Juvenile Justice and Delinquency Prevention Act (JJDP) by funding and providing support for juvenile justice related programs. Under the JJDP, states are required as a condition of receiving federal funds to maintain four core protections for children:

- 1 deinstitutionalization of status offenders (they may not be confined in correctional facilities);
- 2 “sight and sound” separation of children from adults in secure confinement;
- 3 removal of children from adult jails and prisons (with very limited exceptions); and,
- 4 disproportionate minority representation plan – requiring states to address the disproportionate number of minority juveniles who come into contact with the juvenile justice system.

Despite a decrease in violent juvenile crime since the mid-90s,¹⁶ most states – including Ohio – have made it increasingly easier to impose adult sentences (blended sentencing) or to immediately transfer youth who would otherwise be treated in the juvenile justice system to the adult court and prison system. Studies show that children housed in adult prisons are eight times more likely to commit suicide, five times more likely to be sexually assaulted, two times more likely to be assaulted by staff, and 50% more likely to be attacked with a weapon compared to children in juvenile facilities.¹⁷

While young people are resilient, youth in and transitioning from the juvenile justice system face tremendous challenges and are especially vulnerable. It serves everyone’s best interest – young people, families and communities – to support and guide these youth toward healthy behaviors and an optimistic belief in themselves and their future.

A sound juvenile justice policy agenda rests upon an understanding of adolescent development and incorporates the following best practice standards: increasing the range of effective community-based alternatives to institutionalization, addressing the challenges of youth with special needs, meaningfully engaging families and youth in their care, improving access to legal advocates to ensure effective representation in the system, and ensuring that all youth, regardless of race or income, have equal opportunities for treatment and care.

Voices Public Policy Partner—Gabriella Celeste, Executive Director of the Alliance of Child Caring Service Providers contributed to this important fact sheet.



¹ See e.g. Beckman, M., (2004). *Crime, Culpability and the Adolescent Brain*, Science, Vol. 35.

² Butts, J. et al. (2005). *Focusing Juvenile Justice on Positive Youth Development*, Chapin Hall Center For Children, Issue Brief # 105.

³ Abt Associates, Inc. (1994). *Conditions of confinement: Juvenile detention and corrections facilities*. See also, *Assessing the mental health needs of children and adolescents of color in the juvenile justice system: Overcoming institutionalized perceptions and barriers*, in J. Cocozza (Ed.), *Responding to the Mental Health Needs of Youth in the Juvenile Justice System*. National Coalition for the Mentally Ill in the Criminal Justice System: Seattle, WA; National Mental Health Association’s Juvenile Justice and Mental Health Fact sheets and reports at <http://www.nmha.org/children/justjuv/index.cfm>

⁴ Cocozza, J.J. (ed.) *Responding to Youth With Mental Disorders in the Juvenile Justice System*. Seattle, WA, The National Coalition for the Mentally Ill in the Criminal Justice System, 1992.

⁵ Flannery, D. and Hussey, D., (2004). *Juvenile offenders with co-morbid disorders*. Inst. for the Study and Prevention of Violence, Kent State University.

⁶ Sherman, F. (2005). *Detention Reform and Girls: Challenges and Solutions*, Annie E. Casey Foundation.

⁷ Flannery, D. and Hussey, D., (2004). *Juvenile offenders with co-morbid disorders*. Inst. for the Study and Prevention of Violence, Kent State University.

⁸ Isaacs, M. (1992). *Disproportionate Confinement of Minority Juveniles in Secure Facilities: 1996 National Report*. Office of Juvenile Justice and Delinquency Prevention: Washington, DC.

⁹ Poe-Yamagata, E. & Jones, M. (2000). *And Justice For Some*, Washington D.C., Building Blocks for Youth.

¹⁰ Wald, J. & Losen, D., (2003). *Defining and redirecting a school-to-prison pipeline*. New Directions for Youth Development, No. 99, Wiley Periodicals, Inc.

¹¹ U.S. Department of Education, Office of Civil Rights (2000). *Elementary and secondary school survey, National and state projections*, Washington D.C., U.S. Government Printing Office (2000-2001 school year).

¹² *Abandoned in the back row: New lessons in education and delinquency prevention*. (2000) Washington, D.C. Coalition for Juvenile Justice.

¹³ Ohio Department of Youth Services, 2004 Statistics, <http://www.dys.ohio.gov/PDF/Fact%20sheets%20with%20profile%20-%20page%201.pdf>

¹⁴ See, DYS 2004 Budget at <http://www.obm.ohio.gov/budget/operating/executive/0405/highlights0405.pdf>

¹⁵ Ohio Revised Code Sec. 2151.01 et seq.

¹⁶ Snyder, Howard N., *Juvenile Arrests 2003*, Office of Juvenile Justice Delinquency Prevention, Bulletin at 5 (2005)(Citing juvenile violent crime index arrest rate lowest in 2003 since 1980 and 48% below peak year in 1994).

¹⁷ *Children in Adult Jails*, Building Blocks for Youth, **Final Draft with Sources & Cites 2-20-06**